

2016

# Progress Update (2016): Lehigh Valley Physician Hospital Organization.

Lehigh Valley Health Network

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# Tools. Traction. Transition.

*Our Health Care Journey  
from Volume to Value*

Lehigh Valley Physician Hospital Organization

Valley Preferred

**2016 Progress Update**





# Tools. Traction. Transition.

*Our Health Care Journey from Volume to Value*



Closing In ON THE Triple Aim

*As American health care continues to re-engineer its delivery system toward sustainability*, the focus of health networks throughout the nation has been on the Triple Aim, comprised of three fundamental goals: Better care. Better health. Better cost.

While the goals of the Triple Aim are agreed upon by health organizations nationally, there is no universally defined pathway toward achieving them. Yes, there is general consensus that population health management is the right transition route from traditional volume-based to new value-based standards of care delivery. But exactly how population health is practically applied and its measures of effectiveness vary widely, particularly between providers and payers.

Our approach is built on 22 years of experience in creating physician-driven pathways to improved value. As the preferred provider organization aligned with Lehigh Valley Health Network, Lehigh Valley Physician Hospital Organization, Inc. (LVPHO)/Valley Preferred has melded three powerful tools into an action strategy that is forging our own unique path to the Triple Aim. One of these instruments—*Achieving Clinical Excellence*® (ACE) is of our own creation. The second

Lehigh Valley Physician Hospital Organization/  
Valley Preferred MISSION:

To ensure high-value health care,  
satisfied customers and positive outcomes  
at an affordable cost.

is **Populytics**, a population health management and analytics firm formed in partnership with Lehigh Valley Health Network. The third—**Choosing Wisely**®—is a national initiative developed by many of the leading authorities in medicine. Each comes energized with its own action-focused imperative:

- ▶ **INFORM all stakeholders** of specific initiatives and measures required to advance their respective roles in the population health improvement process: physicians, patients, employers and community leaders.
- ▶ **ENGAGE physicians** in the journey from volume to value through *Achieving Clinical Excellence*, a highly successful physician incentive program developed and refined over 15 years by the LVPHO/Valley Preferred.



- **IMPROVE patient outcomes and value** by integrating Populytics actionable information and *Achieving Clinical Excellence* physician engagement with Choosing Wisely®, the new industry-wide initiative developed by America's foremost professional medical associations led by the American Board of Internal Medicine (ABIM) Foundation. The goals are to reduce low-value clinical procedures and inspire stronger communication between patients and physicians in efforts to make effective care choices.

Simple enough from an overview perspective, perhaps, but implementing this strategy is an immense undertaking involving dedicated professionals working together toward the ideals of the Triple Aim. In more ways than one, we are systematically building an entirely new health care delivery system capable of providing superior care for the families of our community at costs that are sustainable both in the near future and for decades to come.

We have proceeded with prudence in mapping out our journey from volume to value. Given the unknowns in the process, it has not been without some apprehension. Yet it is with considerable pride that during this past year we have begun to see indications of success from our investments in this new population health paradigm with its many new tools, technologies and mindsets. Facts on these results are contained on the following pages of this Progress Update.

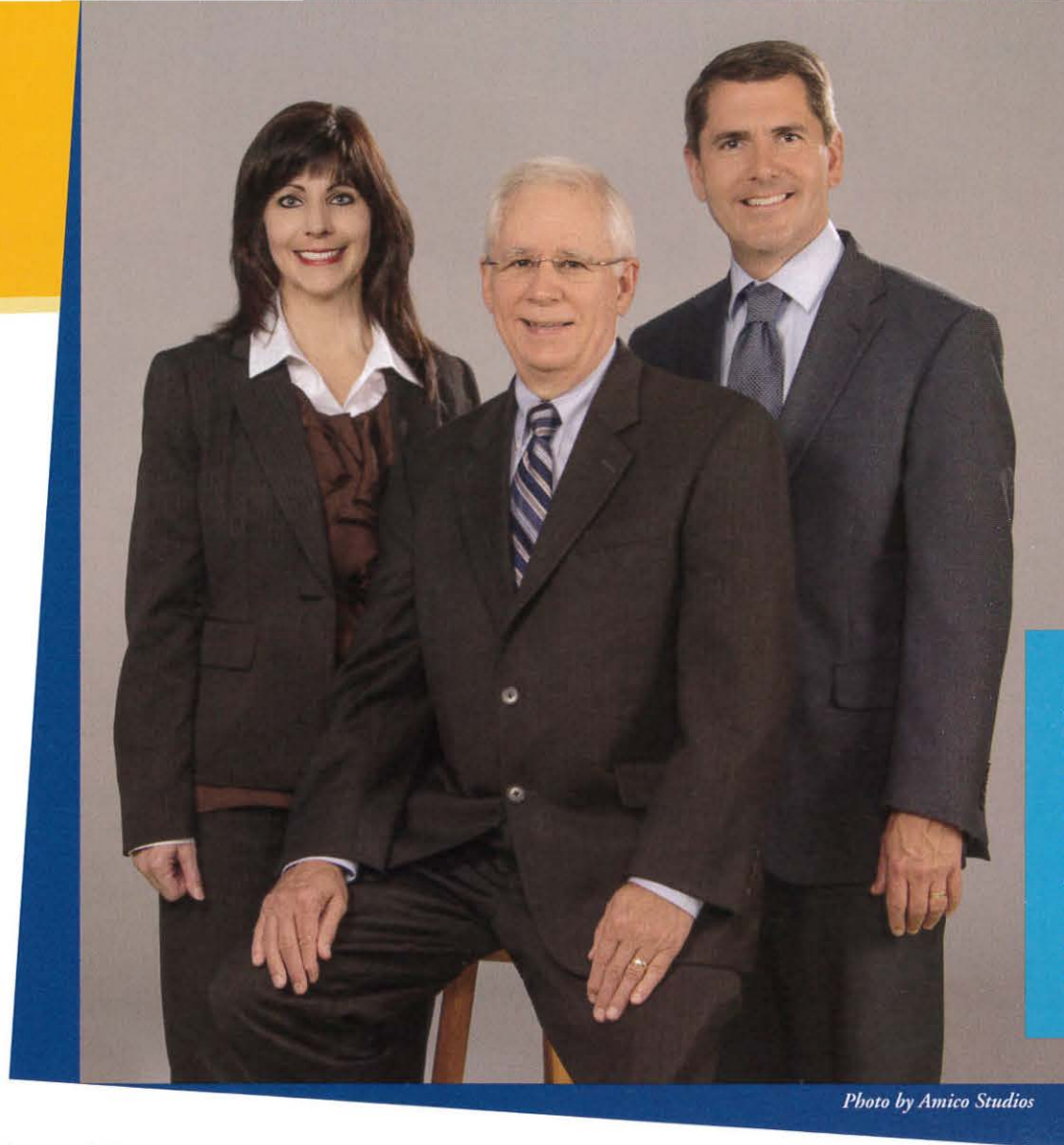


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**LVPHO/  
Valley Preferred  
Leadership** (from left):

Laura J. Mertz, CBC  
General Manager

Jack A. Lenhart, MD  
Executive Director

Mark A. Wendling, MD  
Medical Director

Every step of this long and groundbreaking journey from volume to value has been dependent upon the work and wisdom of our own physician-driven organization, and our valued partnerships with the Greater Lehigh Valley Independent Practice Association, Inc. and Lehigh Valley Health Network. Just as we embarked on this journey together, so shall we arrive at our destination together as a stronger organization of partners, providing health care excellence and value for the community that we exist to serve.

Thank you all for your continued support.



## Changing How We Pay For and Deliver Care to Achieve Better Health

“We’re all partners in this effort focused on a shared goal. Ultimately, this is about improving the health of each person by making the best use of our resources for patient good. We’re on board, and we’re committed to changing how we pay for and deliver care to achieve better health.”

— Douglas E. Henley, MD, Executive Vice President and CEO,  
American Academy of Family Physicians, January 26, 2015

This statement was made by a family physician on what is certainly one of the most important milestones in American medical history. Dr. Henley was speaking on behalf of the estimated 246,000 primary care physicians in the U.S., expressing support for the U.S. Department of Health and Human Services’ directive to build a new American health care system that delivers better care, spends health care dollars more wisely and results in healthier people. This new system will pay providers based on the quality, rather than the quantity of care. Furthermore, this new reimbursement standard will be the way the industry’s largest payer—Medicare—will pay virtually all medical service providers by the end of 2018.

The magnitude of transforming our nation’s multi-trillion dollar health care industry is daunting, but doable. The vehicle for this journey from quantity to quality is population health. The goals of population health include improving care coordination, enhancing health and wellness through prevention and lifestyle changes, reducing or eliminating waste and error, identifying and eliminating disparities in care, and improving transparency and accountability. Achieving these objectives will put us within reach of the even loftier ideals of the Triple Aim.

The initiatives of the LVPHO have always been centered around engaging physicians to work together toward common goals which result in improved patient care and sensible cost management. Through measurable success and a lot of persistence, our organization has become adept at encouraging and educating physicians to perform in ways that will have a positive impact on the health of our community.



The importance of our role is now amplified as we work alongside Lehigh Valley Health Network in expanding our efforts to network-wide proportions. We are now actively engaging and educating all physicians, practices, inpatient departments and administrative leaders on this journey from volume to value via population health.

“The reality is that population health cannot succeed without the buy-in of physicians and their support teams. Our organization is the physician engagement arm for a very forward-looking vision that will transform Lehigh Valley Health Network into a thoroughly value-driven institution within the span of a few years,” said Jack A. Lenhart, MD, Executive Director, LVPHO/Valley Preferred.

“Our job is to provide physicians with the tools to establish traction in this new direction and make a successful transition. Our team is actively sharing the population health message and methodologies with the physician community. We are also connecting them with three toolsets: actionable information from Populytics, engagement pathways and rewards from *Achieving Clinical Excellence*, and improvement protocols from the Choosing Wisely® initiative.”

Dr. Lenhart pointed out that the framework of these responsibilities is familiar ground for our organization, “but the conversation has changed significantly. Physician engagement in the population

health environment is now a network-wide imperative and success is mission critical. We are working closely with Lehigh Valley Health Network to build an infrastructure to function well in this new environment.

“One fact that is certain is that population health management is a pivotal part of the puzzle and we cannot solve it by ourselves. We are relying on *all* stakeholders to be part of the solution—LVPHO, LVHN, Populytics, providers, insurers and employers. By integrating all of our considerable capabilities into one vision, we will deliver sustainable health value for our community.”



**Debbie Salas-Lopez, MD,  
MPH, FACP**

Associate Chief Medical Officer  
Lehigh Valley Health Network

## One Plus One Equals Three: Compounding the Power of Population Health Resources through Integration

Instrumental to the network-wide immersion into the volume-to-value transformation is Debbie Salas-Lopez, MD, MPH, FACP, Associate Chief Medical Officer, Lehigh Valley Health Network. For the past year she has been orchestrating multiple initiatives to integrate network tools and educate teams on the population health pathway to the Triple Aim.

“To become a high-performing population health network requires the integration of the many resources Lehigh Valley Health Network has developed both within and through our partnerships with allies like the LVPHO and Populytics,” she said. “We have tremendous tools and teams that are now connecting, compounding our momentum, and working together toward common goals.”

Resource integration hit new highs in 2015 with the linking of two leading assets: Lehigh Valley Health Network’s new Epic electronic medical records system and the Populytics’ analytics engine (*see diagram: HEALTHY FIT*). “By interfacing these two powerful tools, our physicians are now receiving highly credible, actionable information in real time to support their clinical decisions at the point of care,” said Dr. Salas-Lopez.

“This quality of information is also essential to care coordination. In instances of multiple providers caring for the same patient, we can now pinpoint whose health is being managed by whom, and what the patient has been getting in terms of diagnostics, treatment, prescriptions and so on. The dual dynamic of Epic and Populytics working together gets us closer to consistently delivering the right care at the right place and time, and at the right cost.”



More examples of this Epic/Populytics synergy driving better care are built-in “best practice medicine” reminders to providers. High-risk patients are identified and actionable information on treatment is instantly issued to the physician through Epic. “So if data determines that Mrs. Jones’ current heart condition qualifies her for cholesterol treatment based on best practice recommendations, and perhaps that she also needs a flu shot, these clinical directives are instantly sent to the physician through Epic for action at the point of care.”

Dr. Salas-Lopez and her clinical leadership teams have defined six Clinical Pathways where these and other population health tools were first applied in 2015:

- Chronic kidney disease
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure
- Diabetes
- Total joint replacement
- Chronic back pain

### Epic & Populytics: HEALTHY FIT

#### Epic

- Utilizes claims/clinical data to identify high-risk patient population
- Provides real-time management at the point of care

#### Populytics

- Utilizes Epic to identify high-risk population
- Provides reports on utilization and management

“We chose these six conditions because they provide most opportunities to reduce care and cost variation,” she said. “The results of this work will help further the LVHN population health vision ‘to become an innovative population health leader’ and will help us accomplish the Triple Aim goals: Better care. Better health. Better cost.”



## Local Leaders Featured at World Health Care Congress

Two of the Lehigh Valley's health leaders were selected to present at the 12<sup>th</sup> Annual World Health Care Congress + Exhibition held in Washington, D.C.

LVPHO/Valley Preferred Executive Director, Jack A. Lenhart, MD and Populytics President and CEO, Gregory G. Kile, served as Speaking Faculty on different panels in the category: Hospitals, Health Systems and Group Practices.

The annual congress serves as an international forum for *Connecting and Preparing Leaders for Health Care's Transformation*, according to its website. Keynote Speakers at the March 2015 event included U.S. Surgeon General Vivek H. Murthy and Susan Dentzer, Senior Policy Advisor of the Robert Wood Johnson Foundation.



**Jack A. Lenhart, MD**

Executive Director  
LVPHO/Valley Preferred



**Gregory G. Kile**

President and CEO  
Populytics

Senior Vice President  
Insurance and Payer Strategies  
Lehigh Valley Health Network

## Turning Analytics into Action

Initiated through support from the LVPHO/Valley Preferred and developed in partnership with Lehigh Valley Health Network, Populytics is a fully-owned, for-profit population health management and advanced analytics firm that integrates health plan management, clinical care delivery and advanced information technology.



Launched in 2013 as the information engine required to power the network-wide transformation from volume- to value-based care, Populytics has quickly taken the lead in providing analytics for the care of LVHN's own health plan population and for other regional health organizations and employers.

**On the analytics side**, Populytics transforms raw claims and clinical data into analytical insights on the health of specified populations, including facts required for determining:

- High-risk populations via risk stratification and predictive modeling
- Opportunities for cost reduction
- Gaps in care
- Provider performance in comparison to national care standards

**On the clinical side**, Populytics works closely with providers to develop care pathways, recommend measures to better coordinate care, and guide care management for high-risk populations. For employers, Populytics also offers health benefit administration, plan design consulting, and care management and coordination. Workplace wellness and health coaching are provided through its BeneFIT Corporate Wellness<sup>SM</sup> program.

Proving true to its brand promise of "*How Healthier Happens*," Populytics' data-driven approach to care cost/quality challenges is proving its worth. In an ongoing project started in 2015 for the LVHN health plan, six clinical initiatives were identified projecting potential annual savings of \$3.1 million.

Identifying prospective high-risk/high-usage patients through its predictive modeling and risk stratification tools, Populytics revealed current gaps in care and opportunities for improved value. LVHN Community Care Teams applied the analytics to activate direct care outreach to patients.

Results at the end of the measurable period for all six clinical areas targeted in the LVHN health plan provided a total annual cost savings of more than \$5 million.



## New Tool Provides Physicians with Measures of Care Quality and Cost

In its continuing efforts to impact the value of care, Populytics will soon be deploying a groundbreaking new analytics tool which will allow physicians to review their performance based upon metrics for both quality and cost.

Called the **Care Pattern Analyzer**, it will provide highly accurate data on outlier variation in care which tends to increase costs while providing low or zero value in return.

“As physicians, we’ve always had systems to gauge quality, but cost has been a factor requiring more specifics,” said Jonathan J. Burke, DO, CHCQM, Populytics Medical Director and LVPHO/Valley Preferred Associate Medical Director. “This new tool analyzes each physician’s care patterns for variation in treatment. Almost any time we detect significant variability, there is room for improvement.”

*“This will enable physicians to see their practice data differently than ever before. As we transition to the new value paradigm, this will be the metric to look at. The data we gain from this is not only useful, it’s a game-changer.”*



**Jonathan J. Burke, DO,  
CHCQM**

Medical Director  
Populytics

Associate Medical Director  
LVPHO/Valley Preferred

Dr. Burke gave the following example of how the Care Pattern Analyzer will work to improve value:

*Lower back pain is the fifth biggest reason people visit their family physician. Theorize that patients with identical back pain conditions could visit two different practices for treatment. Best practice medical standards recommend that providers do not routinely order an MRI for patients with back pain because, in most cases, the condition tends to subside within a few days of proper treatment, be it rehabilitation therapy, medication or other conservative treatment.*

*Doctor A follows the recommended course of care and holds off on an MRI. Doctor B typically orders an MRI for back pain patients and does so again. According to recently released Medicare pricing data analyzed by NerdWallet Health, the average cost for a single MRI scan in the U.S. runs \$2,600. Within a few days of the office visit, both patients’ back pain is greatly diminished. But that MRI did not add a penny to the quality of care, only to the cost by thousands of dollars.*

He is quick to point out that the job of this new analyzer is not simply to reduce costs. “Less cost without improved quality is not beneficial,” he said. “A certain amount of variation is appropriate and nothing overrides clinical judgment. But in medicine as in many other professions, there is the ‘but we’ve-always-done-it-this-way’ factor. And we cannot build a new value-based culture with old volume-based habits.

“This will enable physicians to see their practice data differently than ever before,” he stated. “There has never been a cost/quality measurement tool like this shared with doctors. As we transition to the new value paradigm, this will be the metric to look at. The data we gain from this is not only useful, it’s a game-changer.”

The Populytics team has been working with the new Care Pattern Analyzer throughout the latter half of 2015; network-wide deployment is scheduled for early 2016.



## Provider Communications: Turning Up the Multi-Channel Volume

Given the many programs that the LVPHO/Valley Preferred makes available to benefit its 1,100+ member physicians, it is a high priority to communicate the facts on each program in a clear, consistent and timely fashion.

The organization's Provider Communications Committee is responsible for the development and implementation of strategies to keep physicians, advanced practice clinicians and practice managers up-to-date on programs designed to help them provide patient care more effectively and efficiently.

Co-chairs of the  
Provider Communications  
Committee



Laura J. Mertz, CBC



Glenn S. Kratzer, MD

Co-chaired by LVPHO/Valley Preferred General Manager, Laura J. Mertz and Associate Medical Director, Glenn S. Kratzer, MD, the committee is cross-represented with key members from the LVPHO/Valley Preferred, Populytics and the Greater Lehigh Valley Independent Practice Association.

During the past year the committee has assisted with the creation of the new LVPHO.com website and enhanced mobile device connectivity, e-newsletter communications, promoting the American Board of Internal Medicine Foundation's Choosing Wisely® campaign, and introducing new communication channels to reach providers with greater frequency and convenience.

In its purpose to set forth actionable plans that enable providers and practices to meet LVPHO/Valley Preferred performance objectives, the Provider Communications Committee keeps its constituents current with ongoing activities and developments including:

- *Achieving Clinical Excellence*®
- Clinical Integration
- Quality Improvement initiatives
- Certification programs
- Populytics critical data insights
- Lehigh Valley Health Network ACO
- Commercial Accountable Care collaborations through payer relationships
- BeneFIT practice education and engagement

## Deeper Wellness Capabilities, Team Depth Propelling BeneFIT to New Proficiencies and Populations

BeneFIT Corporate Wellness specializes in the upstream reaches of population health management, providing employers with health and wellness services which enable employees to focus on improving or maintaining health, avoiding costly sick care, and having a better quality of life. A regional leader in the corporate wellness sector for more than two decades, BeneFIT's capabilities were broadened in 2015 through a closer connection to the Populytics spectrum of population health services.

"Our capabilities are now powered with a higher level of analytics," said Carol N. Michaels, MPH, MCHES, Director of Health Promotion and Wellness for Populytics. "Deeper levels of data enable us to implement employer wellness programs with even greater accuracy. Better information enables us to be more effective by integrating other drivers of the population health management process. I'm particularly excited because Populytics' tools enable our growing team of health educators and health coaches to work to the top of their certifications."

**BeneFIT**  
Corporate Wellness

BeneFIT's certifications grew loftier during the past year.

Two of its health educators, Amanda Greene and Sarah Engler, earned Master Certified Health Education Specialist designations in October 2015. BeneFIT also recruited two new Health and Wellness Coaches, specializing in exercise physiology and nutrition.

In addition, Michaels earned the Certified Professional qualification from the California-based Care Innovations™ Validation Institute, a joint educational organization formed by General Electric and Intel to improve standards for measuring and promoting remote care management solutions that focus on improving population health outcomes. At the time of the announcement in March 2015, she was one of only 16 health professionals nationwide to hold this qualification.



**Carol N. Michaels,  
MPH, MCHES**

Director of Health  
Promotion and Wellness  
Populytics



BeneFIT's unique skill sets are also being tapped to bolster the population health objectives of Lehigh Valley Health Network, with particular focus on the science of Patient Activation and Engagement. A key component of population health management is empowering individuals with the knowledge, skills and confidence to better manage their own health. According to numerous studies, an individual's personal motivation and engagement with their community is strongly related to better health outcomes. "BeneFIT is part of a network effort to establish best practices for population health. We now have many tools through Populytics that position us well to not only help our clients achieve a healthier business, but also to make a positive impact on our entire community population." Michaels said. "The more we know about the needs of the person we are trying to help, the better we can match resources, provide care, and support that individual."



## NCQA Accreditation Awarded

In August 2015, Populytics' BeneFIT Corporate Wellness was awarded the National Committee for Quality Assurance (NCQA) Wellness and Health Promotion Accreditation. Based in Washington, D.C., NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA Wellness and Health Promotion Accreditation standards are intended to help organizations achieve the highest level of performance possible, increase healthy behavior change in eligible individuals and create an environment of continuous improvement.

"This accreditation acknowledges that Populytics meets NCQA's rigorous standards for comprehensively assessing wellness and health promotion programs and quality improvement," said Gregory G. Kile, Populytics President and CEO. "For employers, it provides a very credible measure of quality in improving workplace health."

## Population Health Forums Feature Local Experts

The Population Health Alliance (PHA) leads a national network of health professionals in raising the profile of population health improvement methods as key components of health care transformation. The Washington, D.C.-based organization featured three Lehigh Valley health experts at its flagship event—the annual PHA Forum—held in November 2015. Presenting on the topic "How Population Health Analytics are Transformed into Improved Health Care and Value" were Jonathan J. Burke, DO, CHCQM, Medical Director, Populytics and Associate Medical Director, LVPHO/Valley Preferred; Carol N. Michaels, MPH, MCHES, Director of Health Promotion and Wellness, Populytics, and Stuart Gitomer, Director of Clinical and Business Analytics, Populytics.

The Eastern Pennsylvania Healthcare Executive Network turned to local specialists in a variety of health-related disciplines for a panel discussion conducted in May 2015 at DeSales University. Providing their perspectives on the topic "How Health Systems Can Support Population Health Management" were (shown below, from left) Robert Heller, President, Brown & Brown Insurance; MaryAnne K. Peifer, MD, MSIS, Associate Medical Director, Clinical Informatics, LVPHO/Valley Preferred; Carol Michaels; and Mark Ungvarsky, MBA, CPHIT, Administrator of Payer and Provider Informatics, Populytics.







## Putting the Quest for Quality within Physicians' Reach

*Achieving Clinical Excellence*® (ACE) is a series of interconnected clinical quality improvement programs formulated by and for LVPHO/Valley Preferred member physicians and their practices. Each individual program is designed to increase physician engagement and improve care quality through performance-based financial incentives.

For more than 15 years, ACE has proven successful with innovative methods to steer providers in the direction of better medicine as defined by nationally accepted best practice standards. Much of this success stems from the fact that ACE has concentrated on building its physician rewards system on achievable clinical procedures and unambiguous metrics to gauge performance.

Two major challenges to establishing value-based care have been the disparity and volume of quality measures required by health insurance payers. Historically, each insurer has its own set of metrics physicians must meet. Because of relationships with multiple payers, these varying standards which a single practice must verify may exceed 200 Quality Measures or more.

"There's no way that doctors can focus on meeting each payer's different measurements. It's simply too time-consuming," explained Glenn S. Kratzer, MD, a practitioner at Lehigh Valley Internists and Associate Medical Director with LVPHO/Valley Preferred. "Given the variety and volume of metrics issued by multiple payers—compounded by more patients and fewer primary care physicians—there wouldn't be any time left for treating disease."

So instead of chasing an improbable list of measures from multiple insurers, ACE has taken the lead in issuing its own list of Quality Measures designed by LVPHO member physicians. More payers are now agreeing to model incentives according to these ACE standards for performance.

### Nicole R. Sully, DO

Associate Medical Director  
LVPHO/Valley Preferred

Family Medicine  
Parkland Family Health Center



"We are successfully aligning more payers to our own ACE Quality Measures," said Nicole R. Sully, DO, a family practice physician at Parkland Family Health Center and an LVPHO/Valley Preferred Associate Medical Director, who noted that a major LVPHO goal of 2015 was to align more payers with ACE Quality Measures. "Today, if a physician is doing well following ACE measures, there will be far more efficiency in getting compensated by most major insurers."

ACE's value-based measures constantly evolve to meet changes in care but, with only 25 measures in all, accomplishing them is more manageable for practices. Consistent with value-based standards, there is a strong focus on three main categories, with multiple sub-categories and specific procedures in each sub-category.

### ACE 2016 Value-Based Measures

Main Categories	At-Risk Populations	Preventive	Care Coordination & Patient Safety
Sub-Categories	<ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Cardiology</li> <li>• Asthma</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric</li> <li>• Adult</li> </ul>	<ul style="list-style-type: none"> <li>• Fall Risk Screening</li> <li>• Recently Discharged from Hospital</li> </ul>

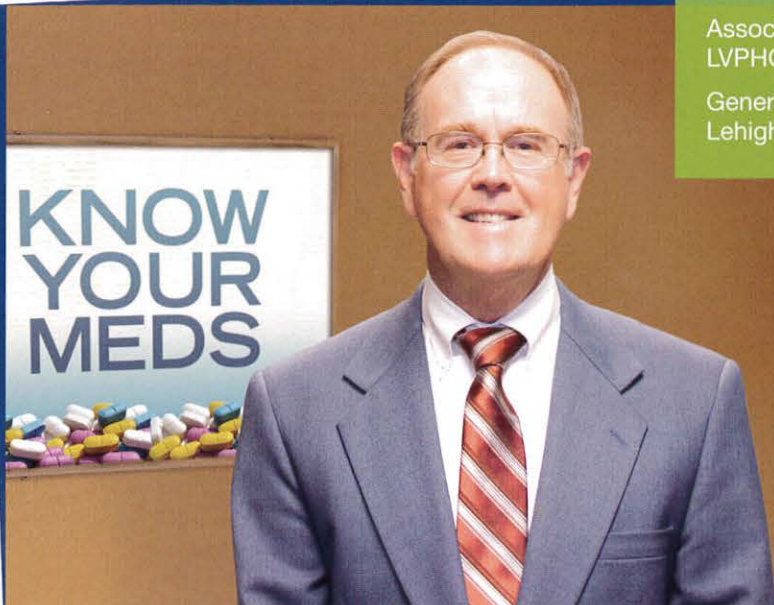
Dr. Sully noted that all ACE metrics are consistent with those for value-based care. "ACE is instrumental in helping our physicians transition to the new value-based compensation models. We are providing the new roadmap," she said. "As physicians we want to focus our time and talents on improving the health of our patients, not on paperwork required to meet different standards from payers. ACE puts the quest for quality within our reach."



## ACE Quality Improvement Projects: Opportunities to Make Healthier Patients and Practices

An important component of ACE is its Quality Improvement initiatives which provide physicians with opportunities to enhance care throughout the regional medical community. LVPHO member physicians are invited to identify clinical areas with potential for improvement, conduct research, and provide recommendations for new best practice standards. Since this initiative began in 2009 it was limited to outpatient projects; 2015 marked the first year that inpatient projects were also being accepted.

Each project must be submitted to the LVPHO for review of purpose, reporting and measurement methodologies, quantified conclusions and recommendations for improved clinical care with proposed goals. Project leaders and participating team members are compensated for their time and efforts. Facts on each project are shared with all LVPHO member physicians. More than 100 projects have been completed since the program's inception; many have contributed to new best practice standards now at work in our community.



**Glenn S. Kratzer, MD**

Associate Medical Director  
LVPHO/Valley Preferred

General Internal Medicine  
Lehigh Valley Internists

At year-end 2015, 29 Quality Improvement Projects were in process, ranging from a variety of health screening and risk assessment protocols, to highly specialized topics. One of the more universally applicable Quality Improvement Projects focuses on reducing medication errors between care junctures, according to LVPHO/Valley Preferred Associate Medical Director Glenn S. Kratzer, MD, who is a member of the practice which implemented the initiative.

"Medication errors can lead to a lot of complications and costs," he said. "Patient misunderstanding often contributes to duplication of medications or negative medication events, so we developed an intensive practice work routine to heighten our patients' awareness of their medications."

From the receptionist's welcome throughout their entire practice visit, patients are queried if they have their current medication list. Updated medication lists are consistently provided with education on why it's important to keep it handy. "Throughout their entire visit, patients are reminded about the importance of having a current medication list. We supported this with lobby signage and other devices carrying the 'Know Your Meds' message. It's been a thorough indoctrination process for our physicians and staff, as well as our patients."

At the outset of the program, practice staff were routinely providing updated medication lists during 5 percent of patient visits. "It is up to 70 percent," Dr. Kratzer said. "Now when our patients come in, many don't even wait for the receptionist to ask. They automatically request an updated list. Patients are now more engaged in this important aspect of their health care."

## Helping Physicians Reap Rewards of Improvement for Family Practices

Family physicians have always been at the front line of providing the medical care needed by Americans at the community level. But who provides the supply line logistics and timely communications necessary to back up their efforts?

Here in the Lehigh Valley, delivering support for primary care practices is the ongoing mission of Joseph A. Candio, Jr. and Wayne T. Stephens (*shown below, from left*), Physician Advocacy Liaisons for Lehigh Valley Physician Hospital Organization/Valley Preferred.

Directed by LVPHO's six Associate Medical Directors, both connect member physicians with an ever-expanding array of opportunities available to support practice success. "There are a lot of very valuable programs and resources available to help primary care practices operate more effectively and cost-efficiently," said Stephens. "ACE Quality Improvement Projects and Clinical Integration Education Programs are just a few of them. Working closely with our Associate Medical Directors, we facilitate access to programs and assistance needed to reap the rewards of quality improvement."





# Choosing Wisely®

An initiative of the ABIM Foundation

## New Choosing Wisely® Initiative Helping Physicians and Patients Make Better Care Choices

A clear path to improve patient outcomes and value by integrating Populytics clinical information with ACE physician engagement is through Choosing Wisely®, a relatively new but potentially transformative industry-wide initiative created by the American Board of Internal Medicine (ABIM) Foundation. Its objectives are to help physicians reduce the overuse of diagnostic tests and low-value procedures, support patients with new information to help them make more effective choices in their personal care, and foster better communication between patients and physicians.

With the growing sophistication of medicine's informational capabilities, data reveals that many procedures—traditionally considered to be standard operating procedures in many practices—actually yield little or no value to patient outcomes. And in some cases, clinical evidence reveals unwarranted interventions can actually result in more patient harm than health.

Working with members of more than 70 medical specialty societies—ranging from the American Academy of Family Physicians to the Society of Nuclear Medicine and Molecular Imaging—ABIM Foundation solicited each specialist society to identify just five tests or procedures within their respective bodies of empirical knowledge, whose necessity should be questioned. This collaborative effort is now over 400 items which, though routinely performed, may provide little or no outcomes to patient value...and a bold new clinical pathway to the Triple Aim goals was born and christened: Choosing Wisely®.

Realizing that the success of such a sweeping initiative is dependent upon changing the long-held behaviors of both caregivers and consumers, the ABIM Foundation has taken a two-pronged approach to embedding the Choosing Wisely® message.





## Choosing Wisely®: *Physician Perspective*

The Institute of Medicine has estimated that 30 percent of all spending in the U.S. is unnecessary, wasteful or misdirected. In 2014, that percentage translated to \$930 billion. “A lot of that 30 percent waste comes from procedures that simply do not improve patient outcomes,” said Jack A. Lenhart, MD, Executive Director, LVPHO/Valley Preferred. “In traditional medicine there has always been a strong bias for intervention. But the reality is that sometimes the risks of intervention are higher than the benefits. There is very good comparative research which indicates that, with many conditions, outcomes were better with no intervention. Choosing Wisely® provides yet another research-based tool to define what we should and should not do as physicians.”

## Choosing Wisely®: *Consumer Perspective*

An unprecedented culture of consumerism is reconfiguring the American health care marketplace and Choosing Wisely® has allied with powerful media partner Consumer Reports to lead the charge in educating consumers on ways to get better value for their health care dollars.

Three broad objectives of the Consumer Reports education campaign include initiatives that focus on:

- Paying providers for the quality of care they deliver, instead of the quantity of care;
- Putting more “actionable” information about providers, treatments, insurers, and prices into consumers’ hands so they can make better-informed choices;
- Applying the digital information and social media revolutions to health care.

“At Consumer Reports we believe that the more you are involved in your care, the better the outcome will be,” wrote Jim Guest, former President and CEO, Consumer Reports. “That’s why we’ve been actively engaged in recent years in providing you with information and tools to make better health care decisions and choices. We now rate prescription drugs, health insurance plans, hospitals and, in selected states, doctors.”

## Choosing Wisely® Introduced to Lehigh Valley

Locally, Choosing Wisely® and the significance of its integration into care regimens for the LVPHO, Populytics and Lehigh Valley Health Network was presented to the business community at an August 20, 2015 Employer Roundtable conducted by the Lehigh Valley Business Coalition on Healthcare. Among the featured speakers was Dominic Lorusso (shown left), Director of Health Partnerships, Consumer Reports. In his work leading several health impact media campaigns, including Choosing Wisely®, he works closely with national and regional partner groups in developing methods to reach each of their members or constituents. **According to Lorusso, through his network, more than 100 million consumers annually have seen the Consumer Reports health content.**





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*An initiative of the ABIM Foundation*

## Leading Population Health Expert Lauds Commitment to Value-Based Transition

A working example of this commitment to a network-wide population health agenda was showcased on October 26, 2015 when the Jefferson College of Population Health teamed with Lehigh Valley Health Network Population Health Management, Populytics and the LVPHO to conduct Populytics Academy classes. This marked the first time that the medical institution has ever conducted such an in-depth population health education experience at a site other than its own Philadelphia campus.

Attended by more than 50 clinical and administrative leaders from LVHN and Populytics, the five-day experience provided an in-depth immersion into the workings of population health management and how it is facilitating revolutionary transformations in our health care delivery system.

Leading off on day one was America's leading proponent of the volume-to-value revolution, David B. Nash, MD, MBA, founding dean of the Jefferson College of Population Health. Internationally recognized for his work in outcomes management and quality-of-care improvement, Dr. Nash chairs the Technical Advisory Group of the Pennsylvania Health Care Cost Containment Council and is a member of the boards of several health care organizations, including Humana and the Population Health Alliance. A prolific author and editor, he has published more than 100 articles, edited 22 books and is editor-in-chief of four national journals: American Journal of Medical Quality, Population Health Management, American Health & Drug Benefits, and P&T, a sister publication of Managed Care.

### David B. Nash, MD, MBA

Dean of the Jefferson College  
of Population Health,  
Thomas Jefferson University

Chair of the Technical Advisory  
Group of the Pennsylvania Health  
Care Cost Containment Council



With the scope of his work involving extensive travel and exposure to health care institutions and networks throughout the U.S., Dr. Nash's perspective on our own strategy for transitioning from a volume-based to a value-based care system was particularly encouraging. "In terms of positioning to make the journey from quantity to quality, I'd rank Lehigh Valley Health Network in the top two to three percent of clinically integrated networks in the nation," Dr. Nash stated.

He cited three reasons for this 97-plus percentile rating. "First is leadership commitment. Your top decision-makers are fully committed to the population health management agenda. Second, your credentialed physician leaders are also onboard with the agenda. Third, you have the resources to do the work. Your organization has demonstrated this in abundance through your strategic vision, planning, execution and appropriate reaction to the environment."

Dr. Nash referred to Populytics as a key component of the "effector arm" grasping the opportunities intrinsic to change in the new health care paradigm. "It's a very powerful tool. The sheer scope and depth of the Populytics combination of financial and clinical data is almost unique in the industry. When I witnessed Populytics' capabilities first-hand, it took my breath away."

As a board-certified internist, Dr. Nash sees the "doctor-friendly" aspect of Populytics information output as a key advantage. "It's icon-driven and that's very important to ensure that analytics convert to action," he said. "I don't need a tech person to help me understand what I have to do to provide better care for my patients."

*"The linkage of Populytics' analytics and LVHN Community Care Teams with the physician engagement of ACE driving the behavioral changes of Choosing Wisely® is more than innovative; in many ways it is revolutionary."*

The effectiveness of the LVPHO's *Achieving Clinical Excellence* (ACE) program has also generated favorable comparisons from this national authority. "Lots of organizations around the country are using what I would term 'ACE-lite' to engage physicians," Dr. Nash said. "But your ACE physician incentive and quality improvement structure has established real traction. It is consistently measuring, educating and definitely driving physician behaviors in the appropriate directions."

"The linkage of Populytics' analytics and LVHN Community Care Teams with the physician engagement of ACE driving the behavioral changes of Choosing Wisely® is more than innovative; in many ways it is revolutionary. Your organization has built a very effective and viable model to facilitate the successful transition to a population health-driven operation on a network-wide scale." So what is the actual tipping point and timing for the American health care delivery system to be operating on this new system driven

by quality rather than quantity? Dr. Nash answered this question with the timelines put forth by U.S. Department of Health and Human Services (HHS) Secretary Sylvia M. Burwell in a historic announcement made in January of 2015.

"Secretary Burwell has given us our marching orders. HHS wants to reduce unexplained clinical variation in order to save more from every health care dollar now being spent under the current volume-based model. HHS has set timelines on having at least half of all Medicare payments made to new value-based models, like Accountable Care Organizations, by the end of 2018," he stated, adding with a confident smile. "It promises to be a very busy three years for all of us."

## Volume to Value: Clear Goals and Timeline Set by U.S. Department of Health and Human Services

*Excerpts of actual release from the HHS Press Office dated January 26, 2015 stated:*

In a meeting with nearly two dozen leaders representing consumers, insurers, providers, and business leaders, U.S. Department of Health and Human Services Secretary Sylvia M. Burwell today announced measurable goals to move the Medicare program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they give patients.

HHS has set a goal of tying 30 percent of traditional, or fee-for-service, Medicare payments to quality or value through alternative payment models, such as Accountable Care Organizations or bundled payment arrangements by the end of 2016, and tying 50 percent of payments to these models by the end of 2018. HHS also set a goal of tying 85 percent of all traditional Medicare payments to quality or value by 2016 and 90 percent by 2018 through programs such as the Hospital Value-Based Purchasing and the Hospital Readmissions Reduction Programs. This is the first time in the history of the Medicare program that HHS has set explicit goals for alternative payment models and value-based payments.



## Growing Accountable Care Populations Provide New Opportunities to Manage Risk, Increase Quality of Patient Outcomes

During the past year, the Accountable Care Organization (ACO) model furthered its viability as the national vehicle of choice to pursue the goals of the Triple Aim. Designed to improve patient outcomes while also decreasing costs, ACOs are structured partnerships of payers and providers intended to reward providers for achieving established measures of care quality and value.

Locally, the LVPHO/Valley Preferred first pioneered commercial accountable care collaborations with two of the industry's largest health insurers—Cigna in 2013 (its first in Pennsylvania) and Aetna in 2014. "We have gained invaluable experience through our partnerships with these commercial payers," said Mark A. Wendling, MD, LVPHO/Valley Preferred Medical Director and Medical Director for the Lehigh Valley Health Network ACO. "The average age of these lives is 35, so we learned a lot about the cost risks of younger populations. This early experience also laid the groundwork for future accountable care efforts and reinforced our focus on aggressively growing our accountable care populations. The larger the population, the more opportunity we have to mitigate risk factors."

Accountable care population growth accelerated four-fold in January 2015 when Lehigh Valley Health Network began participating as an ACO in the Medicare Shared Savings Program (MSSP) of the Centers for Medicare and Medicaid Services (CMS). As the largest purchaser of health services in the U.S., CMS is leveraging the ACO model to catalyze the overhaul of the American care delivery system from traditional fee-for-service (volume) to new shared savings (value) compensation standards. "In 2016, our cumulative accountable care population will be more than 110,000 attributed lives, clearly making us one of the larger ACO provider partners in the nation. Our prior investments in the population health management infrastructure like Populytics and LVHN Community Care Teams make this convergence very timely. It also prepares us for future growth through new

*"In 2016, our cumulative accountable care population will be more than 110,000 attributed lives, clearly making us one of the larger ACO provider partners in the nation."*



**Mark A. Wendling, MD**

Medical Director  
LVPHO/Valley Preferred

Medical Director  
Lehigh Valley Health  
Network ACO

value-based contracting opportunities. Most importantly, it provides us with unprecedented opportunities to improve the long-term health of so many more people here in our region," Dr. Wendling said.

One of the main reasons CMS established the MSSP program was to improve the quality of care for Medicare beneficiaries and reduce costs by requiring coordinated care for all health services. "Care gaps" caused by misallocated resources are a major source of waste in the volume-based delivery system. Eliminating costly gaps starts with accurate information to identify where they exist. "Our ACO now gets the complete care and claims history of our Medicare population. This enables us to build effective clinical programs to close care gaps, share these solutions with our primary care provider network, and measure how effectively we apply them," said MaryAnne K. Peifer, MD, MSIS, Associate Medical Director, Clinical Informatics, LVPHO/Valley Preferred.



“Our practices and network are now equipped with better tools to manage each Medicare patient’s system of care and provide seamless support at all junctures,” Dr. Peifer said, noting that this includes clinical measures to ensure “softer landings” after hospital discharge, comprehensive medication histories and a host of care protocols appropriate for Medicare populations, such as cancer screening and diabetes management.

Pre-Visit Planning Reports are among the new tools provided to improve care coordination. “These reports make each visit more efficient. Each practice’s clinical assistants can see what is required before the patient arrives and support our care team and clinician by proactively performing exams, screenings and other procedures to the top of their licensed capabilities,” Dr. Peifer said. “These reports enable the entire practice to close care gaps by functioning better as a team.”

Dr. Wendling sees the ACO model as changing the provider’s view of medicine on a national scale. “I was only reacting to patients at the top of the pyramid—those with advanced conditions. But now I’m able to view a far larger population from the baseline on up and figure out what needs to be done earlier. It’s a 180-degree change of view. We’re turning medicine from reactive to proactive and the results so far have been very encouraging.”

So how do these results stack up against threshold goals? As of the end of June 2015, LVHN saved 1.9 percent of the total 2.4 percent threshold set by CMS for the 34,000 attributed lives in its ACO,

according to Dr. Wendling. “It’s significant forward progress for a first year effort. There is success but whether or not we hit our target is hard to predict. What’s interesting about the MSSP program is that hundreds of health care organizations throughout the nation are pursuing the same goals but there is no single recipe for success, there’s no yellow brick road at this formative stage. We are very encouraged by the approach we have chosen and our results are definitely trending in the right direction.”

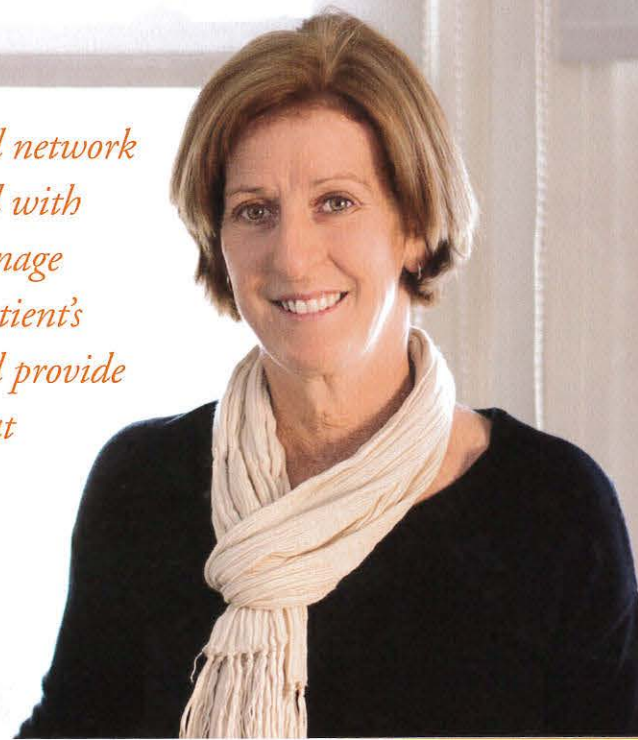
Examples of these results recorded during the past year include downward trends in hospital readmissions, emergency room utilization and post-acute care; upward trends have been logged in multiple quality metrics, including overall patient satisfaction. “Patients are surprised but appreciative at how our Community Care Teams are constantly reaching out to them about their mammograms, diabetes lab tests, flu shots and other preventive measures,” Dr. Wendling said. “Population health works because it costs less by caring more, earlier. It’s simply smarter medicine.”

**MaryAnne K. Peifer, MD, MSIS**

Associate Medical Director  
Clinical Informatics  
LVPHO/Valley Preferred

Family Medicine  
LVPG Family Medicine–Whitehall

*“Our practices and network are now equipped with better tools to manage each Medicare patient’s system of care and provide seamless support at all junctures.”*





## National Award Recognizes LVPHO for “Defining Patient-Centered Care”

Lehigh Valley Physician Hospital Organization/Valley Preferred was awarded the 2015 Path to Excellence award by the National Research Corporation at the 21<sup>st</sup> Annual NRC Picker Patient-Centered Symposium held September 20, 2015 in Washington, D.C.

According to an NRC media report on the event, this recognition puts LVPHO/Valley Preferred “among a select group of health care innovators leading the way on the path to patient-centered care.”

Award winners are selected based on achievement within categories patients have identified as being most important to their quality of care. LVPHO/Valley Preferred’s award was won for its ranking in the Rate Doctor (Pediatric) category.

“Implementing improvement processes are difficult and require large amounts of time and resources, so when organizations make the commitment to look past those constraints, it really defines who the winners are,” said Helen Hrdy, Senior Vice President of Client Service at National Research Corporation, based in Lincoln, Nebraska. “We congratulate Lehigh Valley Physician Hospital Organization for truly defining patient-centered care.”

## Beyond the Lehigh Valley: LVPHO Support Helps Family Physician Provide Better Care to Pocono Community

In the Pocono Mountain village of Albrightsville sits the Penn-Kidder Medical Center, a family practice led by Neil Lesitsky, MD, FAAFP, ABFP. Even though he is located well north of the Lehigh Valley, Dr. Lesitsky’s practice benefits as a member of the Lehigh Valley Physician Hospital Organization.

“I like the fact that the LVPHO is a physician-led organization with more than 20 years of experience in helping family practices like mine through times of major change in the medical profession,” he said. “Supporting the highest quality of patient care has always been their guiding priority.”

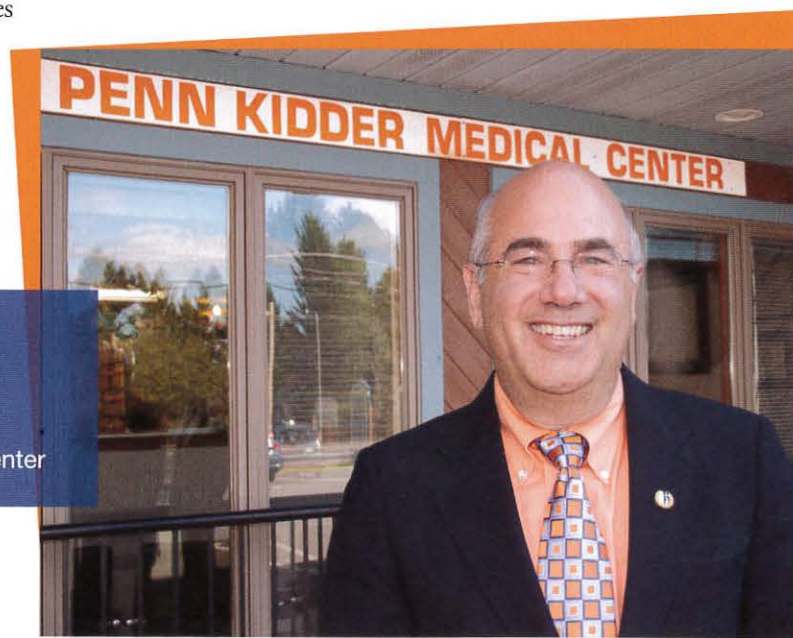
As an independent practice, Dr. Lesitsky is convinced that the LVPHO membership is the best way for his practice to remain relevant through the current waves of change in health care. “From what I have seen, they have the best understanding of future payment systems and how to work with payers. They’ve also built powerful resources that help to promote the health of my patients.

“Populytics is a robust information exchange that captures a very complete data picture and routes it to me so I can manage care better. They also take a lot of burden off of smaller practices like mine by providing case managers and chronic care nurses at zero to minimal cost.”

This alliance has been good for his community as well as his practice, Dr. Lesitsky noted. “For 26 years, I’ve been part of this small rural community. I know the families here and, through more than a quarter century, they’ve trusted me to care for their health. Naturally, I want to do what is best for them. Being a part of the LVPHO helps me to provide a higher quality of care for the families here in my home community.”

**Neil Lesitsky, MD,  
FAAFP, ABFP**

Family Medicine  
Penn-Kidder Medical Center







## GLVIPA Leader's Experience Valued in New Role at LVPHO

Building on six years as president of the Greater Lehigh Valley Independent Practice Association, Inc. (GLVIPA), James W. Manley, DO, was elected chair of the Lehigh Valley Physician Hospital Organization, Inc., succeeding Brian A. Nester, DO, who had served as board chair since 2009. Gregory G. Kile, President and CEO of Populytics and LVPHO's founding executive director was elected vice chair. Both assumed their new posts in April 2015.

"We have an experienced team and look forward to sustaining the brisk pace of progress set under Dr. Nester's leadership. This organization is a key player in defining the future of health in our region. We are well-prepared to continue improving patient care quality through programs that have proven their worth in supporting the work of our member physicians and their practices," Dr. Manley stated.

Several notable achievements were logged in 2015, including an informative series of presentations at GLVIPA General Membership Meetings. Topics included an introduction to the new Choosing Wisely® initiative titled "Eliminating Waste & Increasing Healthcare Value" and two educational exchanges during the introductory stages of the Epic electronic medical records system now in place throughout Lehigh Valley Health Network. In March, GLVIPA members were addressed by nationally-known conservative activist lawyer, Andrew L. Schlafly, who served as lead counsel for the Association of American Physicians and Surgeons, Inc. (AAPS). Attorney Schlafly's GLVIPA presentation was titled: "Maintenance of Certification... Does It Help or Hurt the Medical Profession?"



**James W. Manley, DO**

Chair  
Lehigh Valley Physician  
Hospital Organization, Inc.

President  
Greater Lehigh Valley Independent  
Practice Association, Inc.

Another progress point is a newly-designed website to be launched in early 2016 that is "informational, timely and user-friendly" according to Dr. Manley. "It provides what our members need to know about correct quality measures, performance-based initiatives and other information on programs we have developed to support physicians in improving patient care on an ongoing process."



The new website at [GLVIPA.com](http://GLVIPA.com) is formatted for mobile devices (above) as well as desktop access.



A portrait of Brian A. Nester, a middle-aged man with grey hair, smiling. He is wearing a dark pinstripe suit, a white shirt, and a patterned tie. He is standing in front of a modern building with large windows.

**Brian A. Nester, DO, MS,  
MBA, CPE, FACOEP**

President and CEO  
Lehigh Valley Health Network  
Chair (May 2009 – April 2015)  
Lehigh Valley Physician  
Hospital Organization, Inc.

*“Our vision of leadership in  
population health is more than  
aspirational, it is also an entirely  
new business model for the entire  
Lehigh Valley Health Network.”*

*Photo courtesy of Lehigh Valley Health Network*

## Looking Ahead: **Leading the Way in Population Health**

In October 2014,  
the Lehigh Valley Health Network  
Board of Trustees  
was presented with a new  
Strategic Plan by Dr. Brian A. Nester  
and LVHN Senior Management Council.

It was subsequently approved  
and implemented.

Guiding the many aspects of  
this new direction is this

### **Lehigh Valley Health Network VISION STATEMENT:**

*We will build on our foundation  
as a premier academic community  
health system and become an*

***innovative population  
health leader***

*that creates superior  
quality and value  
for the patients and  
communities we serve.*



**Q** It's been one year since this new Strategic Plan was officially endorsed by the Lehigh Valley Health Network Board of Trustees. How is this focus on population health progressing so far?

**A** Our vision of leadership in population health is more than aspirational, it is also an entirely new business model for the entire Lehigh Valley Health Network. Important progress has been achieved in a relatively short amount of time and the early results are encouraging. As we continue to focus resources on population health management, our Strategic Plan is moving us closer to the goals of the Triple Aim.

**Q** How is population health management helping Lehigh Valley Health Network improve health care value?

**A** Health care economics have traditionally been bound by the 80/20 rule—80 percent of total resource dollars spent on 20 percent of the population. But we never knew who that high-risk 20 percent was until they presented at the network. We are now able to concentrate our care management efforts on the most vulnerable populations we serve. These are individuals with the highest clinical risk and consequently the highest financial risk. For the first time in our institutional history, Lehigh Valley Health Network has the population health tools and teams to pinpoint where these high-risk individuals are and manage their care before their health conditions become more complex.

**Q** What are these population health tools and teams, and how do they work?

**A** Through joint investments by Lehigh Valley Health Network and the Lehigh Valley Physician Hospital Organization, we have built a robust population health infrastructure. A key product of this partnership—Populytics—now serves as a data engine of all clinical and claims information. Data from Lehigh Valley Health Network's new Epic electronic medical records system and other clinical sources are married to claims data from Medicare and commercial insurers.

We can then prospectively assess risk and stratify populations to find those individuals who need care the most. Working closely with primary care physicians, our Community Care Teams are equipped with the information needed to take interventional action with these high-risk individuals and make sure they get the right care at the right time.

**Q** What kind of early results are being realized?

**A** There are several very positive trends in both clinical and cost performance. One example is in acute care utilization—a major challenge for any health network. Community Care Teams are a major component of our population health clinical infrastructure. Since they were deployed to care for high-risk patients, pre-engagement hospital admissions have been reduced by 48 percent, emergency admissions reduced by 23 percent and readmissions by 16 percent.

**Q** In terms of improving lives in our community, how significant is Lehigh Valley Health Network's shift from volume-based to value-based care via population health?

**A** It is absolutely transformational. It's like the difference between visual and instrument flight in aviation. Five years ago, we were on visual flight rules. We were providing great care but could only respond to what was right before our eyes at any given moment. With population health, we now have the advantages of instrument flight control to navigate more precisely, foreseeing destinations through the use of new technologies. It enables us to take the most appropriate routes to reach the best outcomes with far greater accuracy. Steering this transformation is our clinically integrated partnership with the LVPHO/Valley Preferred and a mutual commitment to improving lives here in our community through population health.





### 10<sup>th</sup> Annual Valley Preferred Spirit of Courage Event Draws Record Attendance

The 10<sup>th</sup> annual Valley Preferred Spirit of Courage Award Celebration drew a record crowd of 940+ first responders and guests to Coca-Cola Park in Allentown on October 6, 2015. A highlight of the program showcasing the decade milestone featured a captivating presentation by celebrity Randy Mantooth (*shown below*) of the classic television hit series "Emergency!" Well-known among firefighters, paramedics and EMTs as the figure who inspired countless careers in the first response professions, Mantooth shared the stage with 25 honorees recognized for acts of heroism, fire safety promotion or burn prevention education.

Proceeds benefit the Burn Prevention Network and Lehigh Valley Health Network Regional Burn Center.

*Spirit of Courage photos courtesy of Burn Prevention Network*



### New Partnerships and Community Health Programs Rolled Out

During 2015, the Valley Preferred Cycling Center celebrated its 40<sup>th</sup> year as a leader in high-energy sport and health education. The landmark facility attracted capacity crowds to experience the excitement of world-class track cycling competition as well as community participation with programs designed for all ages and athletic levels.

Several new milestones were also achieved during 2015. In March the Lehigh Valley Health Network was announced as the exclusive health care provider with orthopedic surgeon and veteran cyclist Neal Stansbury, MD named Medical Director for the Valley Preferred Cycling Center. Along with on-site medical support at the main facility located in western Lehigh County, training, biomechanical and physiological testing for its junior, elite and professional athletes will also be provided at LVHN One City Center in Allentown.

A new youth cycling initiative focused on improving the health and education of children in urban Allentown is also being created through the new partnership with LVHN. Called the Gear Up Academy, it is being developed by Valley Preferred Cycling Center President/CEO and Olympic gold medalist Marty Nothstein with guidance from the LVHN sports medicine and community health teams. Spring 2016 is targeted for the initial enlistment period for the Gear Up Academy.

"This initiative will expand the health benefits of our community programs beyond the geographic limitations of our Trexlertown facility," said Nothstein. "To be able to develop a program that will introduce more kids to the lifelong health benefits of recreational or competitive cycling is a dream come true for me."

"This new partnership will provide enhanced sports medicine resources and the opportunity to engage more of our region's youth in healthier lifestyles," said Jack A. Lenhart, MD, Executive Director of the LVPHO/Valley Preferred, naming sponsor of the cycling center since 2007. "These are all key elements in bringing us

all one step closer to our mutual mission: a future of wellness for our community."



2015 Valley Preferred Corporate Challenge Team

*Photo by Rick Sweitzer/Olaf Studio*



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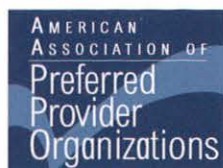


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